|   |  |  |                               |                      |              |                  |       |               | pileation or Docket Number |       |            |                        |  |
|---|--|--|-------------------------------|----------------------|--------------|------------------|-------|---------------|----------------------------|-------|------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR  |  |  |                               |                      |              |                  |       |               | pal                        | 81    | 16,2       | 49                     |  |
| Effective October 1, 2000 03893, 2009   |  |  |                               |                      |              |                  |       |               |                            |       |            | 9                      |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |  |                               |                      |              |                  |       |               |                            | OR    | OTHER      |                        |  |
| TOTAL CLAIMS  |  |  | .43                           |                      |              |                  |       | RATE .        | FEE                        | ]     | RATE       | FEE                    |  |
| £   | A  | •  | NUMBER FILED                  |                      | NUMB         | ER EXTRA         |       | SASIC FEE     | 355.00                     | OR    | Basic Fee  | 710:00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |  |                               |                      |              |                  |       | X\$ 9-        |                            | OR    | X\$18=     |                        |  |
| DAG.  | EPENDENT CL                                    | AIMS                                       | e E eunim                     |                      | 1            |                  |       | X40=          |                            | OR    | :X80=      | १ठ                     |  |
| 3   | ILTIPLE DEPEN                                  | DENT CLAIM P                               | RESENT                        | •                    |              |                  |       | +135=         | ·                          | OR    | +270=      |                        |  |
| * If the difference in column 1 is less than zero, enter "O" in column 2                            |  |  |                               |                      |              |                  | 1     | TOTAL         | <b></b>                    | OR.   |            | 7                      |  |
| CLAIMS AS AMENDED,- PART II   |  |  |                               |                      |              |                  |       |               | <del></del>                | ن.ن   | OTHER      | THAN                   |  |
|   |  | (Column 1)                                 | 10 29 0 (Column 2) (Column 3) |                      |              |                  |       | SMALL         | ENTITY                     | OR    | SMALL      | ENTITY                 |  |
| AMENDAENT A   |  | CLAIMS,<br>REMAINING<br>AFTER<br>AMENDMENT |                               | NUM<br>PREVA<br>PAUD | BER<br>DUSLY | PRESENT<br>EXTRA |       | RATE          | ADDI-<br>TIONAL<br>FEE     | ·     | RATE       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 8  | Minus                         |                      | 0            | - /              |       | X\$ 9-        | •                          | OR    | X\$18=     | 7                      |  |
|   | Independent                                    | • Й  | Minus                         | ***                  | 3            | = /              |       | X40-          |                            |       | X80=       | 1                      |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                               |                      |              |                  |       |               |                            | OR    |            |                        |  |
|   | 1-600  |  |                               |                      |              |                  |       | +135=         |                            | OR    | +270=      | 4                      |  |
| ·   |  |  |                               |                      |              |                  | 7     | ADDIT. FEE    |                            | OR    | ADDIT FEE  | 4                      |  |
| -   |  | (Column 1)                                 |                               | (Cotu                |              | (Column 3)       | 1 1   |               |                            | 1 1   |            | /                      |  |
| AMENDMENT 8   |  | REMARKING<br>AFTER<br>AMENDMENT            |                               | PREVN<br>PAID        | OUSLY        | PRESENT<br>EXTRA |       | RATE          | ADDI-<br>TIONAL<br>FEE     |       | RATE       | ADDI-<br>TIONAL<br>FEE |  |
|   | <b>Yote!</b>                                   | • 11,                                      | Minus                         | • 🕹                  | 24           | • /              |       | X\$ 9=        |                            | OR    | X\$18=     |                        |  |
|   | Independent                                    | • 4  | Minus                         | 444                  | 4            |                  | l     | X40-          |                            | OR    | X80=       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                               |                      |              |                  | 1     | +135=         |                            | OR    | +270=      | -                      |  |
|   |  |  | •                             | ٠                    |              | -                | į     | TOTAL         |                            | 20    | YOTAL      |                        |  |
|   |  |  |                               |                      |              |                  |       | NODIT. FEE    |                            | JUA J | ADOIT. FEE |                        |  |
|   |  | (Column 1)<br>CLAIMS                       |                               | (Colu                | EST          | (Catumn 3)       | ìr    | <del></del>   | ADD1-                      | 1     |            | ADDI-                  |  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT            |                               | PREVIO<br>PAID       | OUSLY        | PRESENT<br>EXTRA |       | RATE          | TIONAL<br>FEE              |       | RATE       | TIONAL                 |  |
|   | Total  | • 11                                       | Minus                         | ··a                  | 0            | •/               |       | X\$ 9=        |                            | OŘ    | X\$18=     |                        |  |
|   | Independent                                    | • 4  | Minus                         | ••• ,                | Ψ            | •                |       | X40=          |                            | OR    | X80=       |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                               |                      |              |                  | ľ     | +135=         |                            |       | +270=      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "V" in column 3.               |  |  |                               |                      |              |                  |       |               |                            |       | TOTAL      |                        |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |  |                               |                      |              |                  |       |               |                            |       |            |                        |  |
|   | The Täghest Nur                                | nber Previously Pe                         | ld For (Total o               | Independ             | lent) is the | righest numbe    | m gán | ng to tye abl | propriate bo               | tn ed | uma I.     | ]                      |  |